



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121482

1. DATE OF REPORT 1/28/2013	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE JONES FOR COLUMBIA	
3. COMMITTEE MAILING ADDRESS 1151 WEST AZOROS CITY / STATE / ZIP COLUMBIA MO 65203	4. COMMITTEE TELEPHONE NUMBER (573) 825-7160
5. TREASURER'S NAME ANGELA M HULL	
6. TREASURER'S MAILING ADDRESS 6703 MADISON CREEK CITY / STATE / ZIP COLUMBIA MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 814-9878 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER SHARON JONES	
9. DEPUTY TREASURER'S MAILING ADDRESS 1151 WEST AZOROS COLUMBIA MO 65203 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 808-2156 WORK:
11. DATE OF ELECTION 2/5/2013	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input checked="" type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 12/23/2012 THROUGH 1/24/2013	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY MARK JONES 1151 WEST AZOROS COLUMBIA MO 65203 (573) 825-7160 COUNCIL PERSON CITY OF COLUMBIA <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> NON-PARTISAN	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jan 28 2013 4:37PM TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Jan 28 2013 4:37PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
JONES FOR COLUMBIA	1/28/2013	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 11,330.00		
2. All Monetary Contributions Received This Period	\$ 6,920.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 6,920.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 6,920.00			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 18,250.00		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 530.66		
10. Expenditures made by cash or check this period	\$ 13,449.81			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 13,449.81			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 13,980.47		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	← Cash/Check		
	B 0.00	← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00		
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 205.47			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 205.47			
			Money On Hand	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 10,504.81
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 6,920.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 13,655.28 b) Disbursements By Cash \$ 0.00	- 13,655.28
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 3,769.53
			Indebtedness	
			28. Outstanding Indebtedness at the beginning of this period	\$ 2,205.47
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 205.47
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 2,000.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE JONES FOR COLUMBIA		2. REPORT DATE 1/28/2013	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 6,860.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 6,860.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 6,860.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 60.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME:			
ADDRESS:			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 6,920.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 6,920.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JONES FOR COLUMBIA	DATE 1/28/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Gateway Governmental Relations CITY/STATE: 903 W High St EMPLOYER: Jefferson City MO 65109 <input type="checkbox"/> COMMITTEE:	12/24/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael D. Holzknecht P.C. CITY/STATE: 12 Public Square EMPLOYER: Stockton MO 65785 <input type="checkbox"/> COMMITTEE:	12/25/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Henry and Williams P.c. CITY/STATE: PO Box 617 EMPLOYER: West Plains MO 65775 <input type="checkbox"/> COMMITTEE:	12/26/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jessica Weinstein CITY/STATE: 201 I St NE Apt 911 EMPLOYER: Washington DC 20002 AFSCME -- PA Political Director <input type="checkbox"/> COMMITTEE:	12/26/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Noonan CITY/STATE: 1909 First Ave South EMPLOYER: Minneapolis MM 55403 AFSCME <input type="checkbox"/> COMMITTEE:	12/27/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pivot Group Inc CITY/STATE: 1720 I Street NW EMPLOYER: Washington DC 20006 <input type="checkbox"/> COMMITTEE:	12/27/2012 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eric Stockton CITY/STATE: 2311J S. Providence EMPLOYER: Columbia MO 65203 Social Security Administration <input type="checkbox"/> COMMITTEE:	12/28/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Cosgrove CITY/STATE: 527 Newport Ave EMPLOYER: Webster Groves MO 63119 Attorney <input type="checkbox"/> COMMITTEE:	1/1/2013 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JONES FOR COLUMBIA	DATE 1/28/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Wyse Law Firm P.C. CITY/STATE: PO Box 1793 EMPLOYER: Columbia MO 65205 <input type="checkbox"/> COMMITTEE:	1/2/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Coffman CITY/STATE: 871 Tuxedo Blvd. EMPLOYER: St. Louis MO 63119 Consumer's Council of Missouri <input type="checkbox"/> COMMITTEE:	1/2/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Margaret Miller CITY/STATE: 102 E Green Meadows Rd Apt 6 EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	1/4/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jon Galloway CITY/STATE: 115 Crestmere Ave EMPLOYER: Columbia MO 65203 Veteran's United <input type="checkbox"/> COMMITTEE:	1/5/2013 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John K. Shrum Trust CITY/STATE: 1005 Wayne Rd. EMPLOYER: Columbia MO 65203 <input type="checkbox"/> COMMITTEE:	1/7/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sean Spence CITY/STATE: 604 West Blvd S EMPLOYER: Columbia MO 65203 Veteran's United <input type="checkbox"/> COMMITTEE:	1/8/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Swearingen CITY/STATE: 700 Edgewood Ave EMPLOYER: Columbia MO 65203 Homemaker <input type="checkbox"/> COMMITTEE:	1/8/2013 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jane Whitesides CITY/STATE: 401 Commerce St. EMPLOYER: Glasgow MO 65254 Self Employed <input type="checkbox"/> COMMITTEE:	1/9/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JONES FOR COLUMBIA	DATE 1/28/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Carleton Spotts CITY/STATE: 6610 S Old Village Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/15/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: A.W. Smith CITY/STATE: 18622 K Highway Blackwater MO 65322 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	1/16/2013 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joshua McCarroll CITY/STATE: 3801 Cooper Dr East Columbia MO 65201 EMPLOYER: AFSCME <input type="checkbox"/> COMMITTEE:	1/16/2013 ----- \$ 110.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Alex Goepfert CITY/STATE: 18666 Inglewood Ave Rocky River OH 44116 EMPLOYER: Communications Dir. <input type="checkbox"/> COMMITTEE:	1/17/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mid Missouri Labor Club CITY/STATE: PO Box 471 EMPLOYER: Fulton MO 65251 <input type="checkbox"/> COMMITTEE:	1/17/2013 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew O'Brien CITY/STATE: 7101 Westmoreland Dr. St. Louis MO 63130 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	1/22/2013 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Citizens for Stephen Webber CITY/STATE: 907 Forest Hill Ct. EMPLOYER: Columbia MO 65203 <input checked="" type="checkbox"/> COMMITTEE:	1/22/2013 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Moreland CITY/STATE: 4045 Affirmed Florrisan MO 63034 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	1/24/2013 ----- \$ 750.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE JONES FOR COLUMBIA	DATE 1/28/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Amy Flynn CITY / STATE: 205 Maple Ave. EMPLOYER: Morgantown WV 26501 Protea Biosciences Group <input type="checkbox"/> COMMITTEE:	1/24/2013 ----- \$ 10.00	\$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee JONES FOR COLUMBIA		2. Report Date 1/28/2013	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure Online Advertising			149.18
Transaction Fees			103.00
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 252.18
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 252.18
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address: View Supplemental Form(s)			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 13,197.63
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 13,197.63
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 13,449.81
16. Amount of Line 15 Above which was Paid Out This Period			\$ 13,449.81
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE JONES FOR COLUMBIA		REPORT DATE 1/28/2013	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Office Depot ADDRESS: 101 S Providence CITY/STATE: Columbia MO 65203	12/30/2012	Stamps \$ 186.43	\$ 180.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Office Depot ADDRESS: 101 S Providence CITY/STATE: Columbia MO 65203	12/30/2012	Office Supplies \$ 186.43	\$ 6.43 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Post Office ADDRESS: 511 E Walnut CITY/STATE: Columbia MO 65203	12/30/2012	Stamps \$ 109.00	\$ 45.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: NGP VAN ADDRESS: 48 Grove St. CITY/STATE: Suite 202 Somerville MA 2144	1/4/2013	Phones \$ 16.57	\$ 6.57 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Sign Rocket ADDRESS: 340 Broadway Ave. CITY/STATE: St. Paul Park MN 55071	1/4/2013	Yard Signs \$ 530.00	\$ 530.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: MadCo. ADDRESS: 1715 S. 11th St. CITY/STATE: St. Louis MO 63104	1/11/2013	Signage \$ 695.00	\$ 695.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Post Office ADDRESS: 511 E Walnut CITY/STATE: Columbia MO 65203	1/15/2013	Stamps \$ 109.00	\$ 64.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Axiom LLC ADDRESS: 201 S. Garth CITY/STATE: Columbia MO 65203	1/18/2013	Advertising \$ 10,000.00	\$ 2,000.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Columbia Daily Tribune ADDRESS: 101 N. Fourth CITY/STATE: Columbia MO 65201	1/22/2013	Advertising \$ 910.75	\$ 910.75 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: NGP VAN ADDRESS: 48 Grove St. CITY/STATE: Suite 202 Somerville MA 2144	1/23/2013	Phones \$ 16.57	\$ 10.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Axiom LLC ADDRESS: 201 S. Garth CITY/STATE: Columbia MO 65203	1/24/2013	Advertising \$ 10,000.00	\$ 8,000.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Capitol Projects ADDRESS: 2001 E. McCarty St. CITY/STATE: Jefferson City MO 65101	1/23/2013	Postage \$ 749.88	\$ 396.86 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Capitol Projects ADDRESS: 2001 E. McCarty St. CITY/STATE: Jefferson City MO 65101	1/23/2013	Postage \$ 749.88	\$ 353.02 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C121482

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Debt Payment:

Payment on two invoices from MNEA reported as incurred in
12/27/12 report.

Amount: 205.47